Reply

We welcome debate and are pleased to offer a brief reply.

We accept that the timing and dosing of perioperative β-blockade for vascular surgery may be important, as may be the choice of patients. We emphasize the following four points:

1. The POBBLE trial had the advantage, over previous published trials, of being a double-blind placebo-controlled trial. Trials with tight control of heart rate cannot, of course, be double-blind.
2. The POBBLE trial was pragmatic and designed to accord with British clinical practice. Recruitment would have been even more difficult if β-blockade had to be started long before the planned operation.
3. Clinical guidelines need to be simple if they are to be valuable and adhered to. Therefore, the recommendation of a fixed dose of β-blocker (with a half dose for those <55 kg) would have been more useful than a complex sliding scale.
4. Two-year survival was a secondary outcome of the POBBLE trial and will be reported toward the end of 2006.

From the Holter monitor traces, we have detailed information about heart rates in the first 72 hours after surgery, and we would be pleased to share this information.

Janet Powell on behalf of the POBBLE Trial Investigators

Imperial College
London, United Kingdom

doi:10.1016/j.jvs.2005.06.014